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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.
 in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>113</u>	
District of <u>2</u>	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>561</u>	
Town of _____		Local Registrar No. _____	
or _____		St. _____ Ward _____	
City of <u>Globe</u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Harry Torres</u>	If child is not yet named, make supplemental report, as directed.		
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u> </u>
5. No., in order of birth _____	7. Date of birth <u>Sept 6 1923</u>		
8. FATHER		14. MOTHER	
Full name <u>Antonio Torres</u>		Full maiden name <u>Paulina Lopez</u>	
9. Residence (Usual place of abode) <u>Euclid St.</u>		15. Residence (Usual place of abode) <u>Euclid St.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>	(State or country)	18. Birthplace (city or place) <u>Mexico</u>	(State or country)
13. Occupation <u>Miner</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u> </u>	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u> </u>	
(c) Stillborn <u> </u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>W. W. Hunt M.D.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Globe</u>	
Month, day, year. _____			
Registrar. _____		Filed <u>Sept 10 1923</u>	
		Filed <u>Oct 5 1923</u>	
		Local Registrar. <u>B. G. Gray</u>	
		County Registrar. <u>B. G. Gray</u>	

039-906-739